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00151 7590 07/27/2006

HOFFMANN-LA ROCHE INC.
PATENT LAW DEPARTMENT
340 KINGSLAND STREET
NUTLEY, NJ 07110

10/17/2006 MBIZUNE2 00000016 082525 10820000

01 FC:1501 1400.00 DA
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BRIAN C. REMY (Depositor's name)

Bryan Remy (Signature)

OCTOBER 13, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/820,900	04/08/2004	Shawn David Erickson	21365 US1	8880

TITLE OF INVENTION: NOVEL SUBSTITUTED 3-CYANTHIOPHENE ACETAMIDES AS GLUCAGON RECEPTOR ANTAGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/27/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAMBKIN, DEBORAH C	1626	549-061000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 GEORGE W. JOHNSTON

2 PATRICIA S. ROCHA-TRAMALONI

3 BRIAN C. REMY

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HOFFMANN-LA ROCHE INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NUTLEY, NEW JERSEY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies TEN (10)

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2525 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date OCTOBER 13, 2006

Typed or printed name

BRIAN C. REMY

Registration No. 48,176

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